

Urgent MADAP Cover Sheet
Available through MADAP

To be completed only by Case Managers*

Telephone: 410-767-6535
Confidential Fax: 410-333-2608

Please accept the attached copy of the MADAP application as a request for Urgent MADAP coverage for (client name) _____.

Eligibility Criteria for Urgent MADAP: (please note that applications must demonstrate an immediate need for medication with an explanation given below). All other applications will go through the regular MADAP process. Complete non-urgent MADAP applications are processed within 10 business days. *All questions on this cover sheet require an answer.* Please print legibly.

1. Client is currently taking antiretroviral medication **AND** Client has less than a two-week supply of antiretroviral meds: ☐ Yes ☐ No

If yes, list antiretrovirals currently prescribed to this client: _____

If yes, please explain how the client has been paying for these medications. _____

Or

2. Client has an acute medical condition requiring MADAP formulary medications: ☐ Yes ☐ No

If yes, description of acute medical condition (*note, being HIV + is not an acute medical condition*):

3. MADAP formulary medications currently prescribed for this client _____

4. Prescribing Clinician's Name: _____ Phone #: _____

5. Supporting documentation:

Proof of Income (required): ☐ attached ☐ will be sent within 30 days

Proof of Residency (required): ☐ attached ☐ will be sent within 30 days

MADAP Medical Form signed by clinician (required): ☐ attached ☐ will be sent within 30 days

Other (list: _____): ☐ attached ☐ will be sent within 30 days

***Declaration of HIV/AIDS Case Manager, Licensed Social Worker, RN, DOC representative assisting client with the MADAP application:**

- Based on the information provided to me, the client appears to meet the eligibility criteria for MADAP.
- I understand that Urgent MADAP is valid for only 60 days beginning on the first day of the month of application.

Referring Person's Signature & Date

Referring Person's Printed Name

Phone Number

Organization

Street Address

City, State, ZIP